# MINUTES - PUBLIC

Meeting	Integration Joint Board (IJB)
Date, Time and Place	Tuesday 14 May 2019 at 10.00am Council Chamber, Town Hall, Lerwick, Shetland
Present [Members]	Voting Members Natasha Cornick Allison Duncan Jane Haswell Stephen Leask [substitute for Robbie McGregor] Shona Manson  Non-voting Members Simon Bokor-Ingram, Chief Officer/Director of Community Health and Social Care Josephine Robinson, Interim Chief Officer/Interim Director of Community Health and Social Care Susanne Gens, Staff Representative, SIC Maggie Gemmill, Patient/Service User Representative Yvonne Graham, Management Accountant / Patient Travel Manager, NHS [Substitute for Karl Williamson] Jim Guyan, Carers Strategy Group Representative Catherine Hughson, Third Sector Representative Denise Morgan, Acting Chief Social Work Officer [Substitute for Martha Nicolson] Edna Watson, Senior Clinician – Chief Nurse – Community,NHS Pauline Wilson, Senior Clinician: Local Acute Sector, NHS
In attendance [Observers/Advisers]	Keith Adam, Solicitor, Governance and Law, SIC Lincoln Carroll, Non-Executive Board Member, NHS Sheila Duncan, Management Accountant, SIC Christine Ferguson, Director of Corporate Services, SIC Jamie Manson, Executive Manager – Finance Services, SIC Peter McDonnell, Executive Manager - Adult Social Work, SIC Chris Nicolson, Director of Pharmacy, NHS Elizabeth Robinson, Public Health Principal, NHS Gary Robinson, Chairman of the NHS Board Clare Scott, Executive Manager – Adult Services, SIC Hazel Sutherland, Head of Planning and Modernisation, NHS Lisa Watt, Service Manager Primary Care, NHS Bob Kerr, Communications Officer, SIC Leisel Malcolmson, Committee Officer, SIC [note taker]
Apologies	Voting Members Emma Macdonald Robbie McGregor Andrea Manson [Substitute]  Non-voting Members Martha Nicolson, Chief Social Work Officer

	Ian Sandilands, Staff Representative Karl Williamson, Chief Financial Officer  Observers/Advisers None
Chairperson	Natasha Cornick, Chair of the Integration Joint Board, presided.
Declarations of Interest	None.

# Minutes of Previous Meetings

The minutes of the meetings held on 13 March 2019 were confirmed on the motion of Ms Manson, seconded by Mr Duncan.

13/19	Appointments to IJB
Report No. GL-05-19-F	The IJB considered a report by the Executive Manager – Governance and Law that detailed NHS appointments made following the retirement of Marjorie Williamson, Chair of the IJB. The report also sought approval to appoint Josephine Robinson, Interim Joint Director of Community Health and Social Care as Interim Chief Officer.
	The Solicitor introduced the report and the Chair advised that she had been part of the interview process and recommended Ms Robinson's appointment.
	Mr Duncan moved that the IJB approve the recommendations contained in the report, seconded by Mr Leask.
Decision	The IJB:
	NOTED that following the retirement of Marjorie Williamson, Chair of the IJB, the following NHS appointments have been made:
	<ul> <li>Chair: Natasha Cornick</li> <li>Voting Member: Jane Haswell</li> <li>Substitute: Gary Robinson</li> </ul>
	<ul> <li>APPOINTED Josephine Robinson, Interim Joint Director of Community Health and Social Care, as Interim Chief Officer, jointly nominated by the Chief Executives of Shetland Islands Council and NHS Shetland.</li> </ul>
	The Chair thanked Mr Bokor-Ingram for his service as Chief Officer to the IJB and looked forward to welcoming him back in the future.  Mr Bokor-Ingram withdrew from the table and Ms Robinson took

her place at the table.

14/19	Appointment to IJB Audit Committee
Report No. GL-08-19-F	The IJB considered a report by the Executive Manager – Governance and Law to appoint an NHS Non-Executive Voting Member of the IJB as a member of the IJB Audit Committee.
	The Executive Manager – Governance and Law introduced the report and on the motion of Ms Manson, seconded by Mr Duncan, Jane Haswell was appointed to the IJB Audit Committee. Ms Haswell accepted.
Decision	The IJB APPOINTED Ms Jane Haswell, NHS Non-Executive Voting Member of the IJB as a member of the IJB Audit Committee.

15/19	Primary Care Improvement Plan
Report No. CC-19-19-F	The IJB considered a report by the Service Manager Primary Care that sought agreement of the Primary Care Improvement Plan for 2019/20.
	The Service Manager Primary Care introduced the main terms of the report. In referring to page 42 of the appendix she explained that the budget was not balanced as the figures included aspirations. She advised that throughout the year there would be additional allocations of money provided and by identifying where that money could be used before it becomes available there would be no need to return for a decision of the IJB each time. The Service Manager Primary Care added that she expected that the Scottish Government would seek the updated plan by October 2019 as was the case last year.
	In responding to questions, the Service Manager Primary Care reported that the advice provided on Finance had been provided under two linked models from Health Improvement Staff in health centres by the Citizen's Advice Bureau (CAB) in Lerwick; and through outreach. The Public Health Principal added that the model for Care Link Workers is to give financial advice and move to social support. She advised that generic practitioners are used with the rest of their time spent in the communities. The Public Health Principal advised that staff are trained by CAB in terms of financial concerns and direct referrals are made to CAB. In addition she advised that Link Workers will also be trained in mental health and the service is embarking on community health needs assessments. She added that there is a focus on GP practices more than identified localities.
	In terms of the recruitment challenges referred to at Section 6.9, the Service Manager Primary Care advised that an initiative called

"Discover the Joy" looked into what attracts people to remote areas. She said that NHS Shetland was working with Orkney, the Western Isles and Highland and this work was specific to GPs. She advised that traditionally it is hoped that to live and work in Shetland but where families are settled in school and work that is not always possible. The Service Manager Primary Care explained that there are 29 GPs interested in 4 health board areas but on a 12 or 18 week contract where they can return home. She said that it is hoped that they would come back for periods of time. She acknowledged that this would be a different way of working but once in place then it could see a GP returning 4 or 5 times a year, which would be a better arrangement than locum GPs.

The IJB acknowledged that a lot of work had gone into recruitment and what had become evident was that people return to where they lived. It was reported that there had been a successful GP training scheme and that was what was required to attract people home. The IJB heard that NHS Directors understood the vision of the GP programme and it was reported that two local female GPs had just finished their training with another two starting the rural track that are looking to stay at home, which was very encouraging.

Upon request the Director of Pharmacy provided an update on the Brexit implications to accessing medical and vaccine medicines. The Director of Pharmacy explained that by the nature of vaccines that are made in short batches, it was difficult to get supplies at certain times but those are temporary shortages not affected by Brexit. It was noted that travel vaccines are difficult to get but that is no different than previous years. In terms of increased prices it was acknowledged that this does happen at times of shortages but whether that is through necessity or commercial advantage it was difficult to tell. The Director of Pharmacy assured the IJB that supplies were not affected at this stage any more than usual.

In responding to a further question, the Director of Pharmacy advised that generic pharmacy products are used to mitigate costs however sometimes the generic products can be as expensive particularly with vaccines that come from specialised manufacturers. He added however that specialised product prices tend to be static.

Mr Duncan moved that the IJB approve the recommendations contained in the report. Ms Manson seconded.

**Decision** The IJB AGREED the Primary Care Improvement Plan for 2019/20.

16/19	Directions to Shetland Islands Council and NHS Shetland
Report No. CC-22-19-F	The IJB considered a report by the Head of Planning and Modernisation, NHS Shetland, that sought approval of the Directions to Shetland Islands Council and NHS Shetland as set out in Appendices 1.1 – 1.12.

The Head of Planning and Modernisation introduced the report and commented on the reporting structure for the Directions attached. She explained that the Directions become the foundation for the performance framework to ensure that the outcomes are being delivered and implemented. The Head of Planning and Modernisation said that any significant changes to be made to any Direction would be brought back to the IJB for consideration of the revision.

During questions and in terms of the zero target set for emergency respite, the Executive Manager – Adult Services explained the reason for this target and advised on the requirements if an emergency admission was required. She confirmed that all emergency admissions continue to be counted but the target remained zero. In quarter one of 2018/19 the IJB were informed that there had been one emergency admission but in quarters two, three and four there were none which mean the target was achieved.

In response to a question the Executive Manager – Adult Services advised that the Project Search initiative was a three year pilot with the Council's Human Resources Service and the Shetland College. She explained that the programme was highly intensive, tailored to young people and provided additional support offering 9 months experience in preparation for employment. The Executive Manager - Adult Services explained how the method was being run by 9 Local Authorities and that this was a tried and tested framework with critical factors which the initiative is audited. said that the outcome was different to previous initiatives and that placements are found to allow intensive support in class and in the workplace in prior to employment. She said that it was a nationally recognised model that aimed to achieve sustainable employment for those involved. The Executive Manager – Adult Services advised that of the four participants, two have secured employment and two are expected to achieve employment.

Reference was made to specific directions and the following actions were agreed:-

- Executive Manager Adult Services
   CC-22-19 1.6 Adult Service (Learning Disabilities and Autism)
   Service Model table: future figures for the number of Carers
   versus the Number of Adults registered should include figures
   that detail the difference ie declined assessments/ couples
   double counted.
- Senior Clinician, Chief Nurse Community
   CC-22-19 1.5 Community Nursing Services Page 2 third
   para and page 11 third last para, Intermediate Care Team, to
   be amended to include "unpaid carers" after "family carers".
   Delete "their relative" and insert "the cared for person".
- Executive Manager Community Care Resources/Chief Officer Provide

	Attention was drawn to the achievements listed on page 7 of the Community Care Resources Direction CC-22-19 1.8, and comment was made that of the three reports Shetland had placed second for two of them and first in the other. This achievement was Scotland wide and that the efforts of staff should be recognised. The IJB's congratulations were expressed to all those involved.  Mr Duncan moved that the IJB approve the recommendations contained in the report, Mr Leask seconded.
Decision	The IJB APPROVED the Directions to Shetland Islands Council and NHS Shetland as set out in Appendices 1.1 – 1.12.

17/19	2019/20 Recovery Plan projects and Invest to Save Proposals
Report No. CC-20-19-F	The IJB considered a report by the Director Community Health and Social Care that set out the detail of plans to deliver efficiencies in 2019/20 and sought approval for the proposals to be funded from the IJB reserve.
	The Interim Chief Executive, NHS Shetland introduced the main terms of the report commenting on each of the favourable movements identified in section 4 of the report.
	The Vice-Chair referred to the high cost of patient travel and gave an account of his own medical experience whereby he had refused to attend consulting appointments in Aberdeen that would incur travel costs. He said that his decisions were accepted and he estimated that the saving would be around £700 on travel and accommodation. He said that staff were working hard to save money but more was needed in that area to make further savings. The Vice-Chair stated that video conference calls was the future and needed to be more available. The Interim Chief Executive, NHS agreed and thanked the Vice-Chair for his personal account. The Interim Chief Executive, NHS, advised that there were absolutely more efficiencies to be made and in some cases safety was a factor to consider in positively promoting video conferencing. He confirmed that Shetland was driving hard on this issue and video conferencing had recently been trialled for the eye clinic. The intention would be to use video conferencing more regularly as it would bring significant savings going forward. The Interim Chief Executive advised on a meeting in June between Grampian, Orkney and Shetland to discuss opportunities to do more remote working. Ideally as broadband allowed patients would have their outpatient appointment in their own home if that was appropriate. The IJB were assured that this continued to be looked at.
	Officers were congratulated for their work in preparing the spend to save bids at appendices 4 to 7 and the Interim Chief Executive, NHS added that these particular proposals were a good demonstration of progress so far.

Reference was made to Non-Doctor Island Nursing and the Senior Clinician – Chief Nurse - Community advised that the service model remained the same for the 5 Islands since July 2017, and that there was ongoing project work in this regard. It was acknowledged that there would be quarterly updates provided on the recovery plan with more detail on Primary Care.

The Chair called for a short break at 11.15am
The Chair called the meeting to order at 11.25am

The Interim Chief Officer introduced each of the spend to save bids and during discussions responded to questions as follows:

<u>Stress Control Bid</u> – The Interim Chief Officer confirmed that this service would be run across Shetland and that it would take 4 months to get started.

Alternative to residential care accommodation bid — The Interim Chief Officer advised that there are instances where a care home setting is not appropriate, particularly for younger adults who look for a home environment when requiring palliative care or where an individual may have Mental Health problems that require residential care but where a care home setting would not be appropriate due to their age or support needs. The accommodation would provide a homely environment for many younger residents. It was acknowledged that different people may require the accommodation for different durations and this would have to be managed carefully in order to make the best use of the facility. The IJB noted that if this proved successful it could be a suitable arrangement in other areas of Shetland. The IJB heard that a similar facility was used in the Western Isles which was used in mental health, drug and alcohol cases.

#### MSK Physiotherapy bid

The Service Manager Primary Care explained that the demand is already there and a trial is proposed to ask individuals specific questions that may result in a direct referral to physio therapy rather than a GP. It was emphasised however that physio therapy staff are already experienced and would be occasions that they would refer the patient back to their GP. The Service Manager Primary Care said that this was a positive step as the patients are seeing the right person sooner. Concern was expressed in regard to the Independent Practices and whether they would miss out on this initiative. The Service Manager Primary Care reassured the IJB that all GP practices would be treated equally. The IJB were advised that an update would be provided in the future.

## Community Nursing Continence Service Bid

The Senior Clinician – Chief Nurse - Community advised on the importance of this issue throughout an individual's life and not just the impact on the individual but the physical harms as a result of incontinence. In addition she commented on the support to care homes to ensure the dignity, quality and safety issues for patients.

The Senior Clinician – Chief Nurse - Community explained that by targeting care homes would enable Officers to ensure everyone has an appropriate care plan in place with a range of options available. The IJB heard that the savings expected to be made was possible whilst enhancing people's lives. In responding to a comment about the possibility of extending the role of the Community Nursing Continence Service beyond a year, the Interim Chief Executive, NHS, explained that the point of the bid was to spend to save and therefore any thoughts of making the arrangement permanent would need permanent resourcing and funding and this would be the wrong thing to do as the financial requirement is for one off investment, and year on year savings. The Senior Clinician - Chief Nurse - Community added that the focus at this time is on care homes so subsequent funding would be in relation to care at home in the future. She said that there were some staff working across both services but the focus was on residential patients as a starting port. The IJB were informed that the aim of this service is to support individuals to stay at home and incontinence can be a barrier for some individuals who want to go home. Ms Haswell moved that the IJB approve the recommendations contained in the report, Mr Duncan seconded. **Decision** The IJB: NOTED the detail in the plans to deliver efficiencies in 2019/20; and APPROVED the proposals to be funded from the IJB reserve.

18/19	Community Led Support Programme
Report No. CC-21-19-F	The IJB considered a report by the Executive Manager - Adult Social Work, SIC, that sought approval for funding of £13,230 from IJB Reserves for the National Development Team for Inclusion (NDTi).
	The Executive Manager - Adult Social Work, introduced the main terms of the report and said that Shetland was a good base for this programme with community link workers. In terms of pace the programme provides a framework to push forward on and the paper attached to the report covers some do's and don'ts for the process. The Executive Manager - Adult Social Work said that a thematic review had highlighted issues around data collected, timely support and delegated authority to respond in a technical way. He added that this work would be done in a stepped manner and a lot of this work would link with the Executive Manager - Community Resources' paper on the South Mainland

and Yell models.

In responding to questions the Executive Manager - Adult Social Work advised that this programme had a broad range in terms of Community Health and Social Care and it was hoped that it would extend to Children's Services as well. He referred to the Working Transitions Group and said that health and education look at a young person's transition into adulthood. He added that families do not access support early but at points of crisis and there is a stigma attached to approaching Social Work. It was noted however that this could see people approach Social Work in a non-stigmatised way and get help more timely.

The Executive Manager - Adult Social Work confirmed that this programme was a licensed approach that had recently been adopted by Orkney and the Western Isles.

Reference was made to the diagram at para 4.12 and the Executive Manager – Adult Social Work was asked how differently this would be undertaken locally. He explained that there was some additionality and explained the challenges and the need to move forward at a quicker pace. He advised that the programme builds on the good work already in place but will bring that together work happening in isolation, which could bring further efficiencies.

In terms of self-directed support and how clients spend their allowance, the Executive Manager - Adult Social Work advised that there is a culture of trust and employment which is key and has unpaid carers at its centre. He explained that a thematic review indicated that more work is required around self-directed support to ensure people have a good understanding of what the funds can be put towards.

The Executive Manager - Adult Social Work was asked how the total cost over 18 months compared to the three Island areas in Scotland. The Executive Manager - Adult Social Work explained that this was a standard figure and confirmed that it was the same off the shelf package being used in Orkney and the Western Isles.

As a point of clarity the Executive Manager - Adult Social Work stated that the costs as set out in the paper are the cost to the IJB and that the Scottish Government had commissioned the National Development Team for Inclusion to work directly with local authorities therefore there was no match funding for this programme.

Mr Duncan moved that the IJB approve the recommendations contained in the report. Mr Leask seconded.

### **Decision**

The IJB APPROVED funding of £13,230 from IJB Reserves for the National Development Team for Inclusion (NDTi) to deliver the Community Led Support programme as a framework towards meeting objectives within the Shetland Islands Health and Social

Care Partnership's Strategic Commissioning Plan 2019-2022; the Community Care Social Work service plan; and the Self-directed Support Action Plan.

19/19	Integration: Self Evaluation and Development Plan
Report No. CC-23-19-F	The IJB considered a report by the Head of Planning and Modernisation, NHS Shetland that sought agreement of the Draft Integration Self Evaluation and Development Plan, set out at Appendix 1, for submission to the Scottish Government Ministerial Strategic Group.  The Head of Planning and Modernisation, NHS Shetland introduced the report and presented the Plan for approval.  Ms Manson moved that the IJB approve the recommendations contained in the report. Mr Duncan seconded.
Decision	The IJB AGREED the Draft Integration Self Evaluation and Development Plan, set out at Appendix 1, for submission to the Scottish Government Ministerial Strategic Group.

20/19	IJB Business Programme 2019 and IJB Action Tracker
Report No. CC-18-19-F	The IJB considered and approved a report by the IJB Chief Officer that presented the business planned for the financial year to 31 March 2020 and which sought a review of the IJB Action Tracker.
	(Mrs Hughson left the meeting)
	The IJB Chief Officer introduced the report and the following updates were agreed:
	Business Programme Remove "effectiveness of the board" from planned business as this will form part of a seminar.
	<ul> <li>Tracker –</li> <li>1. Insurance issue to remain on tracker as ongoing issue.</li> <li>4. Dates to be arranged.</li> <li>5. Chief Officer to progress.</li> <li>7. Matters moving forward between Chief Financial Officer and SIC Finance Service.</li> <li>8. In hand.</li> </ul>
	<ul> <li>8. In hand.</li> <li>9. Recovery plan to remain on tracker for ongoing monitoring and quarterly updates.</li> <li>11. It was confirmed that special meetings would be held if required.</li> </ul>
	During discussion the matter of insurance issues at item 1 on the tracker, was highlighted and the Interim Chief Executive – NHS

	confirmed that this remained a national issue and would remain as an action. He confirmed that Members of Scottish Parliament would be aware of this issue but lobbying MSPs was a matter for local politicians to take forward.
Decision	<ul> <li>The IJB:</li> <li>RESOLVED to consider and approve its business planned for the financial year to 31 March 2020 (Appendix 1; and</li> <li>REVIEWED the IJB Action Tracker (Appendix 2).</li> </ul>

The meeting concluded at 12.20pm.			
Chair			